## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

| INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required) Belocks I through 5 should be completed where appropriate. All further correspondence including the Fatent, advance orders and nontification of maintenance fees will be mailed to the current correspondence address; and or the current correspondence address; are contifications.  The continues of the current correspondence in the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance for solitifications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                           |                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    |                    |                  |  |
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| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                           |                                                                                                                                                                                                  |      | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                          |             |                    |                    |                  |  |
| 7590 09/26/2007<br>Sara D. Vinarov<br>Quarles & Brady LLP<br>P O Box 2113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                           |                                                                                                                                                                                                  |      | Certificate of Mailing or Transmission  I hereby certify that its Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE PEE address above, or being factsmile transmitted to the USPTO (571) 273-2885, on the date indicated below. |             |                    |                    |                  |  |
| Madison, WI 53701-2113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                           |                                                                                                                                                                                                  |      | Sara D. Vinarov                                                                                                                                                                                                                                                                                                                                        |             |                    | (Depositor's name) |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                           | 3                                                                                                                                                                                                |      |                                                                                                                                                                                                                                                                                                                                                        | (Signature) |                    |                    |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                           |                                                                                                                                                                                                  | L    | December                                                                                                                                                                                                                                                                                                                                               | 18          | 2007               |                    | (Date)           |  |
| APPLICATION NO. FILING DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | FIRST NAMED INVE          |                                                                                                                                                                                                  | NTOR | OR AT                                                                                                                                                                                                                                                                                                                                                  |             | PTORNEY DOCKET NO. |                    | CONFIRMATION NO. |  |
| 10/769,578 01/30/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                           | Robert G. Lower                                                                                                                                                                                  |      | 112520.000                                                                                                                                                                                                                                                                                                                                             |             |                    | 004 8954           |                  |  |
| TITLE OF INVENTION: ASSAY METHOD FOR GROUP TRANSFER REACTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                           |                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    |                    |                  |  |
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| APPLN, TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SMALL ENTITY             | ISSUE FEE DUE             | PUBLICATION FEB I                                                                                                                                                                                | DUE  | JE PREV. PAID ISSU                                                                                                                                                                                                                                                                                                                                     |             | TOTAL FEE(S) DUE   |                    | DATE DUE         |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YES                      | 9700 720                  |                                                                                                                                                                                                  | DOL  | \$0                                                                                                                                                                                                                                                                                                                                                    |             | \$1000 1020        |                    | 12/26/2007       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                           | CLASS-SUBCLASS                                                                                                                                                                                   | _    | •                                                                                                                                                                                                                                                                                                                                                      |             | *****              | -                  |                  |  |
| EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                           |                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    |                    |                  |  |
| STAPLES, MARK 1637                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                           | 435-006000                                                                                                                                                                                       |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    |                    |                  |  |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                           | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,                                                                 |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    |                    |                  |  |
| ☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custor Number is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                           | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    |                    |                  |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                           |                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    |                    |                  |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                           |                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    |                    |                  |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                           |                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    |                    |                  |  |
| Bellbrook Labs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | s, LLC                   | Madison, V                | Madison, WI US                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    |                    |                  |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                           |                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    |                    |                  |  |
| 4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                           |                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    |                    |                  |  |
| XIssue Fee  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                           |                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    |                    |                  |  |
| A runneation rec (we small entity discount permatted)  27 Advance Order - # of Copies 10  27 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number 17-0055 (enclose an extra copy of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                           |                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    | or credit any      |                  |  |
| 5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                           |                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    |                    |                  |  |
| NOTE: The Issue Fee and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Publication Fee (if rem  | uired) will not be accept | ed from anyone other t                                                                                                                                                                           |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    |                    |                  |  |
| interest as shown by the re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ecords of the United Sta | ses Patent and Trademar   | k Office.                                                                                                                                                                                        |      |                                                                                                                                                                                                                                                                                                                                                        |             | 18                 |                    |                  |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                           | DateD                                                                                                                                                                                            | ece  | mber/0, 200                                                                                                                                                                                                                                                                                                                                            | 7           |                    |                    |                  |  |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                           | Registration N                                                                                                                                                                                   |      | 48,524                                                                                                                                                                                                                                                                                                                                                 |             |                    |                    |                  |  |
| This collection of information is equived by 7 CFR 1.311. The information is required to behin or retain a based fit by the public which is to fifst (and by the USFTO to process an application. Confidentiality is givened by 51 USE CL 122 and 37 CFR 1.41. That collection is estimated to she 122 minutes to complete, including gashesis, including subseties, including subseties, including calculate, preparing, and the formation of the complete complete the complete compl |                          |                           |                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                        |             |                    |                    |                  |  |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.